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## OPIOID CRISIS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Colorado (Mr. TIPTON) for 5 minutes.

Mr. TIPTON. Mr. Speaker, with the opioid and heroin crisis, the American people are currently facing one of the worst drug epidemics in our Nation's history. My State of Colorado is certainly not immune.

In my travels throughout the Third Congressional District, from Pueblo to Moffat County, up and down the west slope, through the San Luis Valley, I hear of more lives lost with each passing year. Opioid addiction knows no bounds, and even the most innocent have been affected.

This last year, when I toured Parkview Medical Center in Pueblo, Colorado, and visited the unit that treats babies who are born with neonatal abstinence syndrome, which means that they were exposed to opiates before they were born and suffer withdrawal at the moment of birth, you see a truly heartbreaking situation. To see the most vulnerable suffering from withdrawal symptoms is something that touches the heart of every American. But it also served as a reminder that we must be more aggressive and more inventive in our efforts to be able to end this epidemic.

Opioid abuse is multifaceted, and there is not just one solution that will solve this problem. That is why I have held more than 30 opioid roundtables in various communities throughout my district, to be able to hear from healthcare providers, law enforcement officers, and first responders on the front lines of the fight against addiction; to learn how the Federal Government can play a better role in supporting those efforts.

In these roundtables, I have learned that opioid abuse often begins in the last place that you would expect it to: the doctor's office or a hospital emergency room. For example, a person who sprained their ankle while skiing may go to their doctor to be receiving pain medication for their injury. This medication may provide relief from the pain, but it can also provide an intense sense of euphoria. From there, there is the possibility that an addiction is born.

According to the National Institute on Drug Abuse, of those who began using opioids in the 2000s, a whopping 75 percent reported that their first opioid was a prescription drug.

Colorado has the 12th highest rate of abuse of prescription opioids across the Nation. In response to the rising number of Coloradans becoming addicted through prescribed opioids, the Colorado Hospital Association launched a pilot program in 10 hospital emergency departments across the State with the goal of reducing prescribed opioids by 15 percent. This program was so successful that it actually achieved a 36 percent reduction.

I am glad that, this week, the House passed a series of more than 20 bills in a bipartisan effort to curb opioid addiction. Included in this series was the bill I was proud to help introduce called the Alternatives to Opioids in the Emergency Department Act. This bill would allow programs similar to the one in Colorado to be tested in hospital emergency departments across the Nation, helping to ensure that people who do not need opioids are never exposed to them in the first place.

Mr. Speaker, I stand here proud of the collective work accomplished in the House this week, but recognizing that this crisis will not be solved overnight, and we still have a long road ahead. It is not an issue that is going to be solved solely by the Federal Government. It is going to take a collaborative effort with our States, our local governments, and our families as well in addressing this problem.

We must continue to work together to end the stigma surrounding opioid abuse and find innovative solutions that will end this crisis for good.

## SARA THOMPSON—PEACE CORPS VOLUNTEER

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. POE) for 5 minutes.

Mr. POE of Texas. Mr. Speaker, America's Peace Corps and those volunteers are our angels abroad. They represent the very best in America. Here with us today in the gallery, we have one of those brave volunteers, Ms. Sara Thompson.

Since she was a little girl, Sara dreamed of helping rural communities in Africa. When she grew up, the Peace Corps gave her that perfect opportunity. She served in Burkina Faso, where she worked to keep girls in school.

Unfortunately, her dream turned into a tragedy when the Peace Corps prescribed medication called mefloquine to protect her from malaria. During her service, she began to have horrific nightmares and struggled with mental health.

When she turned to the Peace Corps for help, the medical officer excused her symptoms as simply "not adjusting well." One night, Sara woke up dizzy, nauseous, and threw up the entire night, so she went to the doctor, and the doctor told her it was an ear infection.

Months later still, Sara struggled with nausea and nightmares. And with no support from the Peace Corps, she took matters into her own hands and started to research those medical problems. It was then that she realized the malaria medicine the Peace Corps had given her was making her sick.

As it turns out, mefloquine's side effects are so terrible, Special Operation Forces in the Army won't even take that medication. Sara was never warned about these horrific side effects by the Peace Corps, and the doctors in

her post country didn't seem to recognize the symptoms either.

Our Peace Corps volunteers deserve better. They deserve better care than this, but, unfortunately, I have heard too many stories like Sara's about Peace Corps volunteers. Young, enthusiastic volunteers eager to make a difference in the world are let down by the organization that they once held in such high esteem.

Peace Corps volunteers selflessly sacrifice years of their lives to help people that they have never even met, often in some of the most desolate, dangerous places on the globe.

Their service to our country should not turn into a nightmare that ruins or even ends their lives because we don't take care of them. Small, common-sense changes could make a big difference in protecting our Peace Corps volunteers abroad and when they get home.

That is why Representative KENNEDY and I introduced the Sam Farr and Nick Castle Peace Corps Reform Act. This bill has passed our Committee on Foreign Affairs and takes important first steps for our angels abroad. It betters medical care for volunteers in the country, improves training on the side effects of malaria medications, and allows the Peace Corps to better prescribe other types of malaria medication.

In addition, this bill better protects our volunteers from sexual assault and harassment when they are in foreign countries. When they return, it extends their health coverage, so they can get the care they need rather than stop taking care of them, as has happened in the past.

There is still more that needs to be done to ensure the safety and security of those wonderful volunteers. They deserve to be protected by the United States and our law when we send them to far reaches of the world. When they return from service with injuries and sickness, volunteers should be able to make ends meet with the disability payment that they receive, which is not the case now.

Mr. Speaker, I hope to see these provisions in law some day, but until then, the Sam Farr and Nick Castle Peace Corps Reform Act makes critical improvements for our volunteers. It is essential to see it become law.

Peace Corps volunteers like Sara are the face of our country in places where America's shining beacon of hope and liberty to other people may not always shine so bright without Peace Corps volunteers. These individuals promote goodwill, a better understanding of the United States, and this helps us secure enduring partnerships with these nations.

It also does good in the country that they are in. They change lives every day in local communities that they serve, and they do this many times when they are alone. We must ensure we are doing all we can to minimize unnecessary dangers for our Peace